PEOPLEASE STAFFING

STAFFING SUPPLEMENTAL

COMPANY INFORMATION

Prospective Client Name: _____

Website: _____

Please provide a completed client list on The Peoplease Group template, including a detailed description of operations performed by the company, and the employees' job duties. Please list employees with different job functions on separate lines.

OPERATIONS

	YES	NO
1. Do you provide day labor?	☐	☐
2. Do you pay any employees on a daily basis?	☐	☐
3. Are any employees required to drive vehicles in the performance of their employment?	☐	☐
4. Does your business provide group transportation?	☐	☐
5. Are employees and clients notified in writing that assigned employees must utilize seat belts and ride inside moving vehicles and any other mode of transporation?	☐	☐
6. Do you operate a certified drug free workplace?	☐	☐
7. Do you provide continuous training based on the industries you serve?	☐	☐
8. Do you maintain all training records?	☐	☐
9. Are employees required to sign-off that they have been trained?	☐	☐

If you answered yes to any question above, please provide an explanation, or copy of support documentation.

SAFETY

	YES	NO
1. Is any work performed above ground at a height of six (6) feet or greater?	☐	☐
2. Is any work performed below ground at a depth of four (4) feet or greater?	☐	☐
3. Is any work performed that requires Personal Protective Equipment (PPE?)	☐	☐
4. Are any employees required to operate any heavy or sepcialized equipment in the performance of employment?	☐	☐
5. Has your business ever incurred one or more losses in excess of $250,000.	☐	☐
6. Do you have a written safety program currently in use?	☐	☐

7. Please provide a breakdown of Hazard Groups based on class codes utilized during the year prior to this submission:

A _____% B _____% C _____% D _____% E _____% F _____% G _____%

If you answered yes to any question above, please provide an explanation, or copy of support documentation.

ACKNOWLEDGEMENT

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits. Any person who knowingly, and with intent to defraud any insurance company or another person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.